



ILLINOIS WIRELESS INFORMATION NETWORK - STATISTICAL REPORT REQUEST

Department Name: _____

Quarter you are requesting a statistical report for:

Quarter #1 (January -March) _____

Quarter #2 (April-June) _____

Quarter #3 (July-September) _____

Quarter #4 (October-December) _____

Type of report requested (LEADS Responses/Messages Sent/Both): _____

Person you want the report sent to: _____

Address: _____

E-mail Address: _____

Signature of
Director/Chief: _____ Date: _____

Name of Director/Chief: _____

CMS/BCCS Network Services
120 W. Jefferson, 1st Floor
Springfield, Illinois 62702-5103
Fax: 217-785-9460
Please allow 10 business days to receive your report.

**For additional Information
contact CMS Network Services
at 217-524-1319
or 217-557-6555**